## KENNESAW POLICE DEPARTMENT Notice of Receipt of Complaint

Your complaint has been received and will be investigated. A copy of the initial complaint you completed is attached to this notice. Once the investigation into your complaint has been completed, you will be notified of the findings in writing.

Our contact information is as follows:

Kennesaw Police Department 2539 J.O. Stephenson Avenue Kennesaw, GA 30144 (770)425-2505

Georgia State Law that you need to be aware of are as follows:

O.C.G.A. 16-10-20 titled "False statements and writings; concealment of facts" which reads:

A person who knowingly and willfully falsifies, conceals, or covers up by a trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

## O.C.G.A. 16-10-26 titled "False report of a crime" which reads:

A person who willfully and knowingly gives or causes a false report of a crime to be given to any law enforcement officer or agency of this state is guilty of a misdemeanor.

## O.C.G.A. 16-10-71 titled "False swearing" which reads:

- (a) A person to who a lawful oath or a affirmation has been administered or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.
- (b) A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

## KENNESAW POLICE DEPARTMENT Complaint Information Form

Assigned to: Supervisor ( ) I.A. ( )	Administrative Inquiry #
Investigating	Supervisor:
Report taken by: ( ) In Person ( ) Phone (	d: Employee Receiving: ) Written Letter ( ) E-mail ( ) Third Party ( ) Other
Complainant – Please complete all applical	ble information below:
Complainant:	Sex: Race: DOB:
Address:	Home Telephone #: ( )
	Other Telephone #: ( )
Employer:	(if a student, list school attending)
Address:	Work Telephone #: ( )
	Home Telephone #: ( )
	Other Telephone #: ( )
Witnesses: (1) Name:	Home Telephone #: ( )
Address:	Work Telephone #: ( )
	Home Telephone #: ( )
	Work Telephone #: ( )
Incident Location:	
Incident Date :Name and Badge Number of Kennesaw Po 1 2 3	

Specific allegations: [Describe in detail the events that resulted in your contact with the listed department members and the actions of those department members that resulted in your complaint.]		
(If additional room is needed, please attach of	on a separate sheet of paper)	
Was a report taken in regards to the incident involving the complaint? Yes ( ) No ( )		
Did the incident result in your arrest? Yes (		
·	List all charges:	
What is the case hamber:	List all charges.	
Are you willing to take a polygraph examination the request of the investigator? Yes ( ) N	ion regarding the information you have relayed, at o( )	
I,	, swear and affirm that all statements and	
information relayed by me on this document Kennesaw Police Department are true and co	and verbally to any representative of the precedent of the best of my knowledge and belief. I tements and/or accusations made by me can be	
executes a document knowing that it oath or affirmation commits the offer	r an affirmation has been administered or who purports to be an acknowledgement of a lawful ase of false swearing when, in any matter or thing nowingly and willfully makes a false statement.	
	of false swearing shall be punished by a fine of not nent for not less than one nor more than five years,	
Signature of Affiant:	Date:	
Witness:	Date:	